PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Trademst Office; U.S. Department of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless its first to the paparousis Reduction Act of 1005, no appears are required to respect to a policetion of information unless its first to the paper of the pape

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/776,203			ing Date 12/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OK.	RATE (\$)	FEE (\$)	
Ь	BASIC FEE	-	N/A	ED NO	N/A		N/A	FEE (a)	ł	N/A	FEE (8)	
Н	(37 CFR 1.16(a), (b), SEARCH FEF	or (c))							ł			
H	(37 CFR 1.16(k), (i), (ii)		N/A	_	N/A		N/A		l	N/A		
TO	(37 CFR 1.16(a), (p),		N/A	_	N/A		N/A			N/A		
(37	CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *				x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	08/24/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 160))	• 23	Minus	·· 24	= 0	1	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	3	= 0	1	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		=	1	x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))		Minus	***	=	]	x \$ =		OR	x s =		
띫	Application Size Fee (37 CFR 1.16(s))					IJ			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the bet 2 minutes to complete, encluding pathenapy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.